EXHIBIT 1

November 26, 2018

Catherine Farmer, Psy.D.
Manager, Disability Services and ADA Compliance Officer, Testing Programs
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

RE: Application of Robert Sampson for Step 1 exam accommodations (ID # 12391)

Dear Dr. Farmer:

Thank you for forwarding the materials on Mr. Sampson for review. He is again requesting the accommodations of extended time (time and one-half over 2 days), extra breaks, and a private testing room based on diagnoses of Attention Deficit Hyperactivity Disorder Predominantly Inattentive Type, Specific Learning Disorder with Impairment in Reading (Dyslexia), Reading Fluency, Word Reading Accuracy, and Spelling, and Unspecified Neurodevelopmental Disorder; Visuospatial Memory and Visuospatial Processing. Several previous requests for these accommodations have been denied by the NBME. Mr. Sampson has appealed these denials and has provided additional documentation each time in an effort to support his request for these accommodations and explain from his perspective why he believes they are necessary. I have not been involved in this case until now. You have asked me to provide another opinion on his accommodation requests primarily with respect to the ADHD diagnosis as another Consultant will also be reviewing this documentation on the basis of the Specific Learning Disorder and Unspecified Neurodevelopmental Disorder diagnoses. I have carefully reviewed **all** of the voluminous documentation he has provided.

In my opinion, the documentation provided does not adequately substantiate an ADHD diagnosis, a history or magnitude of chronic and pervasive real world impairment consistent with ADHD, or the existence of an ADHD-related disability and is therefore insufficient to warrant granting his requested accommodations on the basis of ADHD. My reasons for this opinion are as follows:

1. Mr. Sampson's difficulties seem to be largely contiguous with his entrance into the medical school environment. ADHD is a developmental disability with a *childhood* onset that typically results in a chronic and pervasive pattern of developmentally deviant functional impairment in academic, social, and vocational arenas, and also in daily adaptive functioning. Research shows that ADHD is a serious disorder that significantly disrupts functioning in multiple life domains including school, social, vocational, and daily adaptive domains, executive functioning, planning ahead, completing tasks, organization, and time management to name just a few. For someone who truly suffers from this disorder at the magnitude of a clinical diagnosis or a disability, life is characterized by disrupted interpersonal relationships, underperformance in school and jobs, trouble managing the routine tasks of daily life, and generally inadequate adjustment. People with bona fide ADHD struggle to succeed in life and typically leave a paper trail in their wake

that is a testament to their longstanding history of developmentally deviant functional impairment. Examples of the paper trail are things like negative teacher comments relating to poor self control, poor or inconsistent academic achievement, report cards/transcripts that show inconsistent/variable grades and/or low ratings in effort, citizenship, and behavior, special education records, 504 Plans, negative job performance reviews, and the like. Indeed, ADHD is a seriously impairing disorder that leaves its mark on a wide swath of an individual's life. Mr. Sampson's documentation and overall history does not reflect a magnitude of symptoms or pervasive impairment that is consistent with ADHD or a disability, in my opinion.

2. More specifically, despite his reported history of longstanding ADHD-like symptoms, he had no history of any early interventions or treatment for ADHD-like problems, had no documented history of behavioral/self control problems, was not diagnosed with ADHD until 2015 during medical school, reportedly had no history of seeking or receiving any formal accommodations prior to medical school Shelf Exams, scored in the Above Average to Superior ranges on the SAT and the ACT on several occasions without accommodations, scored at the 67th percentile and the 73rd percentile on the MCAT on two occasions without accommodations, reportedly earned A's in most of his high school classes which were typically Honors or Advanced Placement classes, reportedly "flourished socially and intellectually" in college at University of Virginia earning a GPA of 3.43 without accommodations, had no history of seeking or needing any mental health treatment prior to medical school, did not appear to have experienced any vocational impairment in his past work experiences including as a rescue squad volunteer or while in Korea doing immunology research, and he provided no convincing hard evidence that showed any history of significant ADHD-like impairment in his social, daily adaptive, or executive functioning. This is not the typical profile of someone struggling with ADHD at the magnitude of a clinical diagnosis or a disability.

3. It is necessary to establish a childhood onset of developmentally deviant symptoms/impairment to receive the ADHD diagnosis as an adult. It is not clear that Mr. Sampson was experiencing a magnitude of developmentally deviant symptoms or behavior in childhood that would be consistent with a clinical diagnosis of ADHD, in my opinion. Although there were a few teacher comments on his early report cards relating to distractibility, disorganization, listening, impulsivity, and following directions, these seemed to be few and far between, did not appear to significantly interfere in his progress, and did not appear to have persisted over time or interfere significantly in his adult functioning. In fact, there were a number of "positive" teacher comments as well such as "organizational skills continue to improve", "he continues to grow as a reader", "it is a pleasure to be his teacher", "he is more organized in the classroom and now keeps an immaculate desk", "appropriate behavior has increased and I feel this will continue", "pleased with his progress", and "writing is consistently improving". Further, there were no ratings of 1 or 2 ("unsatisfactory" or "inconsistent") on items relating to Work Habits or Citizenship on his report cards. One other teacher comment from a fourth quarter report stated "I am pleased by Robert's progress this year both academically and socially, he has developed better work habits, organizational skills, and a commitment to improving his academic performance". Overall, the trend was toward improvement and his later grades and behavior as he got older seemed to be quite impressive (mostly A's in Honors and AP classes) with no extraordinary interventions beyond tutoring and hard work; and no objective evidence of developmentally deviant real world functional impairment relative to same aged peers. Hence, it is not clear that he would have met criteria for ADHD as a child.

4. It is difficult to see where the history of developmentally deviant pervasive impairment is that would support an ADHD diagnosis or a disabling condition, in my opinion. There is little

objective documentation beyond self/parent report and testimonials to validate that he experienced a magnitude of clinically significant real world impairment over the course of his life in academics, work, social, daily adaptive, or executive functioning. By all objective measures, Mr. Sampson seems to have performed quite well in his life with respect to grades (mostly A's and B's), behavior, social functioning, daily adaptive functioning, high SAT, ACT, and MCAT test scores, and no history of formal treatment for ADHD (or any other psychological condition) prior to medical school other than tutoring. All of this is not indicative of impaired functioning or the presence of a disorder that would require a need for extra time, in my opinion. Where is the paper trail of records that reflect a struggle with ADHD over the course of his life? It seems Mr. Sampson's case for viewing himself as impaired is based mostly on areas that are very difficult to measure or quantify. For example, he sees himself as impaired because he reports he has to re-read material for understanding, had a parent read aloud to him when he was a child, feared being called upon to read in class, reportedly does not read for pleasure, used Cliff notes because reading was so painful, has difficulty remembering names of people and places, gets extremely fatigued when reading, and had to play music by ear because he was unable to read music. These examples of impairment strike me as being fairly ubiquitous and impossible to quantify; and is not the kind of impairment or magnitude of impairment that rises to the level of a disability, in my opinion. Moreover, if someone can compensate so effectively for their symptoms and for so long (up until medical school) without any formal accommodations or extraordinary interventions beyond tutoring and concerted effort, that person is not likely to be considered disabled under the ADA's definition.

5. Further, on the face of it, it is difficult to label someone with a Reading Disorder (Dyslexia) who earned almost all A's and B's throughout his school history, had no history of treatment or assessment for reading problems, scored at the 80th percentile on Reading Fluency, had a Critical Reading score on the SAT in November 2008 at the 93rd percentile, had ACT scores of 30 (superior range) in Reading and English, had a Woodcock Johnson Broad Reading score at the 80th percentile, and had a SATA reading score in the Average range (25th percentile). His testing scores, past standardized test scores, history of stellar academic achievement, and absence of formal treatment strongly argue against his having a true reading disability. Low Average or Below Average scores at one snapshot in time on tests such as the Nelson Denny Reading test are not enough to substantiate a Reading Disability. Moreover, it was not entirely clear to me that he *required* tutoring in order to remediate something that was deficient or whether he chose to pursue tutoring to optimize his already unimpaired functioning. For example, Dr. Michels' report indicated he "needed significant tutoring to remain in the highest math classes". Again, this is not evidence of impaired functioning. In short, his documentation fails to adequately substantiate the pervasive developmentally deviant impairment over time and across situations that typically characterizes ADHD, in my opinion.

6. The ADHD diagnosis was not adequately substantiated, in my opinion. First, there seems to be a lack of consensus on the ADHD diagnosis amongst Mr. Sampson's diagnosticians. For example, Dr. Suzanne Michels did not make an ADHD diagnosis in 2013 and Dr. Allison Anderson concluded in 2013 that "his testing results and history supply little evidence that his problems are the result of ADHD". Dr. Allison's report also indicated that ADHD Rating Scales (Barkley RS) were administered to Mr. Sampson, his girlfriend, both of his parents, and his tutor and **all** of their ratings were entirely normal and not supportive of ADHD. Dr. Anderson further concluded "he does not appear to have the consistent and severe pattern of impulsivity, social problems, marked inattention, or physical restlessness that supports an ADHD diagnosis". I agree that his overall history is not supportive of an ADHD diagnosis. Dr. Aronson's ADHD diagnosis was based mostly on self report over several visits and the "impact of key data points from a

multitude of sources". I am not sure what this means. Dr. Aronson stated he had slow Processing Speed despite his history of excellent grades, excellent scores on past standardized tests, consistently high real world achievement, and a WAIS IV Processing Speed Index score of 122 (Superior range). Dr. Aronson also stated Mr. Sampson was "profoundly disabled currently" and that he "cannot concentrate and read efficiently". I saw no convincing evidence to support these statements. Further, test scores and/or statistical discrepancies are not diagnostic of ADHD. Almost all of his test scores were within at least the Average range (and many were in the Above Average to Superior ranges) suggesting no neurological dysfunction. A Processing Speed Index score of 122 on the WAIS-IV is in the Superior range, is not deficient, is not supportive of slow cognitive speed or a need for extra time, is not diagnostic of ADHD, and is not evidence of impaired functioning. Scores that are "only Average" in the context of an overall Superior Verbal IQ are not diagnostic of ADHD or evidence of impaired functioning. Relative weaknesses that still fall within the Average range are not diagnostic of ADHD and are not evidence of impaired functioning. Low Average or Below Average scores on the Rey, Trails B, Picture Recognition, and Stroop Interference at one snapshot in time is also not diagnostic of ADHD or evidence of a disability. Dr. Aronson tended to over emphasize self report, test scores, and statistical discrepancies as the major bases for the ADHD diagnosis rather than building a case for the ADHD diagnosis by showing a magnitude of chronic and pervasive developmentally deviant real world impairment consistent with this diagnosis, in my opinion. Mr. Sampson's statement that "he has to work infinitely harder" than his peers to succeed is difficult to quantify, and even if true is not necessarily evidence of impaired functioning. It is also possible that other factors besides ADHD could account for his difficulty finishing medical school tests such as having a deliberate or obsessive test taking style/preference.

7. In summary, Mr. Sampson's documentation fails to build a credible case for the existence of ADHD and fails to show that having ADHD is responsible for his reported difficulties with reading and finishing tests in medical school. His documentation also fails to adequately show that he has a disability within the meaning of the ADA, in my opinion. The fact that he may benefit from accommodations including extra time is not unusual and is not the issue. Most people would. However, to qualify for a disability under the American's with Disabilities Act, one must have a physical or mental impairment that substantially limits one or more major life activities. He has not shown that he is substantially limited in any major life activity relative to the average person, in my opinion. Earning all A's and B's throughout his school history and his very strong test scores and overall functional ability is not supportive of a disability, in my opinion. The purpose of accommodations is not to optimize one's test scores, accommodate a personal test taking style/preference that may be slow or deliberate, or to guarantee that one finishes an exam. The fact that he received accommodations in medical school and on Shelf Exams is not a guarantee he will qualify for accommodations on the Step 1 exam. Because there is insufficient evidence of an ADHD diagnosis or an ADHD-related disability, I do not believe that granting his requested accommodations is warranted on the basis of ADHD in this case.

Sincerely,

Kevin Murphy, Ph.D.

EXHIBIT 2

May 9, 2022

Disability Services
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104

RE: Fifth Appeal of Robert Sampson for Step 1 exam accommodations

Dear Disability Services:

Thank you for forwarding the additional materials on Mr. Sampson for review. He is again requesting the accommodations of extended time (double time over 2 days) and additional break time based on diagnoses of Attention Deficit Hyperactivity Disorder Predominantly Inattentive Type, Specific Learning Disorder with Impairment in Reading (Reading Fluency, Word Reading Accuracy, and Spelling), Unspecified Neurodevelopmental Disorder in Visuospatial Memory and Visuospatial Processing, and a new diagnosis of Specific Learning Disorder with Impairment in Written Expression. Four previous requests for these accommodations have been denied by the NBME. Mr. Sampson has submitted some new documentation in support of his current request for Reconsideration. The new documentation included an updated Personal Statement and a new Neuropsychological Evaluation report from Dr. Jeanette Wasserstein and Dr. Kim Miller. I have carefully reviewed all of the new documentation and the voluminous documentation he has previously provided.

In my opinion, the new documentation does not adequately substantiate any of his reported diagnoses, a history or magnitude of chronic and pervasive real world impairment consistent with ADHD/LD, or the existence of a disability and is therefore still insufficient to warrant granting his requested accommodations. My reasons for this opinion are as follows:

1. The new report from Dr. Wasserstein and Dr. Miller does not adequately substantiate any of the reported diagnoses with hard evidence of real world functional impairment, in my opinion. Their ADHD diagnosis was based on self report, symptom endorsement on self-administered ADHD rating scales (CAARS, CAADID), a review of past evaluations and support letters from Mr. Sampson's teachers, parents, and tutors that I reviewed in my previous report, and test scores/statistical discrepancies that are not diagnostic of ADHD or a disabling condition. Symptom endorsement on self-administered ADHD rating scales is not sufficient to establish an ADHD diagnosis, especially in the absence of any documented or credible evidence of real world functional impairment that would rise to the level of a disability. Almost all of his test scores in this evaluation were within the Average range or better (and many were in the Above Average to Superior ranges) suggesting no neurological dysfunction. A Processing Speed Index score of 122 on the WAIS-IV is in the Superior range, is not deficient, is not supportive of slow cognitive speed or a need for extra time, is not diagnostic of ADHD, and is not evidence of impaired functioning. Continuous Performance Tests (such as the IVA Plus) have not been shown to be

particularly useful in either confirming or disconfirming an ADHD diagnosis due to their high false positive and false negative rates. Low Average or below Average scores at one snapshot in time on Trails B, the Stroop Interference subtest, the Rey, and the Nelson Denny Reading Test are not diagnostic of ADHD or LD and is not evidence of impaired functioning. The fact that Mr. Sampson performed better on the Nelson Denny when given "unlimited time" is not unusual and is not diagnostic of ADHD, LD, or a disability.

2. Dr. Wasserstein and Dr. Miller seem to be making the argument that test scores that are "only Average" in the context of an overall Superior Verbal IQ is evidence of impaired functioning and a disability. They are not. More specifically, they indicated that his PSAT Reading score was "only at the 52nd percentile", his ACT Reading scores were "relatively weaker" than his other scores falling in the Average range between the 69th to 79th percentiles, and that his SAT Critical Reading score was "only Average" (74th percentile) while his other scores were Superior. Relative weaknesses that still fall within the Average range are not diagnostic of ADHD or LD and are not evidence of impaired functioning. Low Average or Below Average scores on the Rey, Trails B, Picture Recognition, and Stroop Interference at one snapshot in time is also not diagnostic of ADHD or evidence of a disability. Dr. Wasserstein also stated Mr. Sampson's nonverbal reasoning ability (Perceptual Reasoning Index on the WAIS-IV) *albeit in the High Average range* was significantly weaker than other cognitive domains. She then says that by virtue of his *High Average* Perceptual Reasoning Index score that he therefore has a "metaphorical limp between his various thinking skills, the extent of which creates significant handicaps on tasks that rely on perceptual reasoning and working memory, such as reading comprehension". She further states that "such variability in scores (from the lower end of Average to Very Superior) indicates disruption in underlying neurocognitive abilities, even with normal range scores". I respectfully disagree with these statements. Average or High Average scores in the context of a Superior Verbal IQ are not reflective of significant handicaps and are not evidence of impaired functioning or a disability.

3. Dr. Wasserstein also does not seem to acknowledge that the metric that is relevant here with respect to the ADA is the Average Person Standard. The argument that Mr. Sampson's "only Average" scores represent a significant impairment flies in the face of the Average Person Standard. This is a major theme in this new documentation and trying to make the argument that he is impaired because he is "only Average" in some areas while Superior in most is not persuasive or accurate. Further, his WIAT Written Expression scores were almost all in the Superior range, his WIAT Spelling score was at the 63rd percentile (which is not consistent with what Dr. Wasserstein and Dr. Miller called "poor spelling"), the fact that he was "commended" by his professors for his great write ups of clinical cases, and the fact that he has no history of developmentally deviant problems with written expression are all inconsistent with his new diagnosis of Specific Learning Disorder with Impairment in Written Expression. I see no basis to justify this new diagnosis. In addition, the fact that he sought out help with numerous tutors over the years does not necessarily mean he had deficiencies relative to same aged peers. For example, he always had very strong math skills and had Superior Math scores on the SAT, ACT, and the WIAT so why did he need tutoring in Math? Dr. Michels' report indicated he "needed significant tutoring to remain in the highest math classes". This is not evidence of impaired functioning. It was not at all clear to me that he required tutoring in order to remediate something that was deficient as opposed to choosing to pursue tutoring to help optimize his already unimpaired functioning. Further, although Mr. Sampson had WIAT scores in the "Very Superior" range (99th percentile) in Math Problem Solving and in the Superior range (97th percentile) in Numerical Operations, Dr. Wasserstein nevertheless indicated he exhibited "visual misperceptions" and "sometimes misinterpreted "+" as "x" suggesting vulnerable visual

processing and/or inattention". Suggesting that someone is impaired by visual misperceptions when they score at the 97th and 99th percentiles is not appropriate and is obviously not evidence of impaired functioning or a disability.

4. Moreover, Mr. Sampson's statements that everyday tasks are harder for him than others and that he is slower in reading and processing information than others is difficult to quantify, and even if true is not evidence of impaired functioning. Earning a C+ grade in Organic Chemistry and a C- grade in Genetics and Molecular Biology is not unusual and is not evidence of a disability. Failing Shelf Exams in a medical school curriculum is not a symptom of ADHD/LD and is not evidence of a disability. Dr. Wasserstein and Dr. Miller also in my opinion did not adequately rule out other possible alternative explanations for his difficulties in medical school besides ADHD and Learning/neurological disorders. For example, anxiety or having a personal test taking style/preference that is slow, deliberate, or too obsessive are other possibilities that have not been adequately ruled out. Based on the totality of his documentation, consistently high grades and test scores, not seeking or needing any assessments or treatments until his adult life when studying for the MCAT, lack of a history of behavioral/self control problems, and no hard or convincing evidence of real world functional impairment in other non-academic life domains, I just do not see a history that substantiates diagnoses of ADHD or LD, or that shows he meets the ADA's definition of disability.

5. To provide further justification for my opinion that he does not meet the ADA's definition of disabled, I would like to list a number of facts from Mr. Sampson's history (most of which were described in my previous report dated 11/26/18) that argue against his qualifying as a person with a disability: (a) his difficulties seem largely contiguous with his entrance into the medical school environment (b) he had no history of any early interventions or treatment for any ADHD-like or LD problems (c) he had no documented behavioral problems, was not diagnosed with ADHD until medical school, and had no history of seeking or needing any formal accommodations prior to encountering medical school Shelf exams (d) he scored in the Above Average to Superior ranges on the SAT and ACT on several occasions without accommodations (e) he scored at the 67th and the 73rd percentile on the MCAT on two occasions without accommodations (f) he reportedly earned A's in most of his high school classes which were typically Honors or Advanced Placement classes (g) he reportedly "flourished socially and intellectually" in college at University of Virginia earning a GPA of 3.43 without accommodations (h) he had no history of seeking or needing any mental health treatment prior to medical school (i) he did not appear to have experienced any significant ADHD-like vocational impairment in past work experiences as an EMT or rescue squad volunteer (j) he provided no convincing hard evidence that showed any history of significant ADHD-like impairment in his social, daily adaptive, or executive functioning and (k) the "negative" teacher comments from his early report cards seemed to be few and far between, did not appear to significantly interfere in his progress, and did not appear to have persisted over time or significantly interfere in his adult functioning, in my opinion. In fact, all of the weaknesses I pointed out in my first report are still valid and were not adequately addressed with the new documentation he submitted.

6. In summary, Mr. Sampson's new documentation fails to build a credible case for the existence of ADHD/LD and fails to show that having ADHD/LD is responsible for his reported difficulties with reading and finishing tests in medical school. His documentation also still fails to adequately show that he has a disability within the meaning of the ADA, in my opinion. The fact that he may benefit from accommodations including extra time is not unusual and is not the issue. Most people would. However, to qualify for a disability under the American's with Disabilities Act, one must have a physical or mental impairment that substantially limits one or more major

life activities. He has not shown that he is substantially limited in any major life activity relative to the Average person, in my opinion. Earning essentially all A's and B's throughout his school history and his very strong test scores and overall functional ability is not supportive of a disability, in my opinion. The purpose of accommodations is not to optimize one's test scores, accommodate a personal test taking style/preference that may be slow or deliberate, or to guarantee that one finishes an exam. The fact that he received accommodations in medical school and on Shelf Exams is not a guarantee he will qualify for accommodations on the Step 1 exam. Because there is insufficient evidence of an ADHD/LD diagnosis or disability, I must continue to recommend denial of his requested accommodations.

Sincerely,

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Kevin Murphy, Ph.D.

EXHIBIT 3

KEVIN RICHARD MURPHY, Ph.D.

Current Business Address:
138 Dwight Drive, Wells, ME 04090
Phone:(Cell):(508)769-6218
Email: drmurphy@adultadhdclinic.com
Website: www.adultadhdclinicma.com

Personal Data:
Date of Birth: [redacted]
Social Security [redacted]

EDUCATION

Ph.D. Counseling Psychology. University of Connecticut, Storrs, CT, 1990
Doctoral Dissertation: Biological Parents of ADHD Children: Degree of Attention Deficits Relative to the Biological Parents of Normal Children.

Pre-Doctoral Internship Training: Worcester State Hospital & UMass Medical Center, Department of Psychiatry, Worcester, MA, 1987 – 1988

M.S. Counseling Psychology. Florida State University, Tallahassee, FL, 1981

B.A. Psychology. Boston College, Chestnut Hill, MA, 1979, Magna Cum Laude.

PROFESSIONAL EXPERIENCE AND POSITIONS

The Adult ADHD Clinic of Central Massachusetts, 300 West Main Street, Bldg B, Northboro, MA 01532. Private Practice. January 2003 – December 2021.

Associate Professor of Psychiatry & Chief: Adult Attention Deficit Hyperactivity Disorder Clinic, UMass Medical Center, Worcester, MA.
Ran a specialty clinic devoted to research, assessment, and treatment of adults with ADHD. January 1992 – January 2003.

Associate Professor, Adjunct Faculty position, Assumption College Graduate Program in Counseling Psychology, Worcester, MA 2002 – 2008.

Part Time Research Program Manager in the Bipolar and Psychotic Disorders Program, UMass Memorial Health Care, Worcester, MA.
Coordinated all phases of a long-term study on treatment of patients with Bipolar Disorder. January 2000 – January 2002.

Consultant: Pennsylvania Board of Bar Examiners, 2006 – present.

Consultant: Maine Board of Bar Examiners, 2006 – present.

Consultant: Florida Board of Bar Examiners, Tallahassee, FL. 2002 - present.

Consultant: National Board of Medical Examiners, Philadelphia, PA. 1991 – Present.

Consultant: Educational Commission for Foreign Medical Graduates, Philadelphia, PA. 1994 – Present.

Consultant: Louisiana Board of Law Examiners, New Orleans, LA. 2001 – 2004.

Consultant: California Board of Law Examiners, San Francisco, CA. 1999-present.

Consultant: New York State Board of Law Examiners, Albany, NY. 1994 – Present.

Consultant: Connecticut, Massachusetts, and Washington D.C. Boards of Law Examiners. 1995 – Present.

Consultant: New Hampshire Board of Law Examiners, Concord, NH, 2008 – Present.

Employee Assistance Program Manager, ETP, Inc. Windsor, CT. Responsible for developing, implementing and managing local and national EAP contracts. Duties included clinical assessment and counseling, supervisory training, educational seminars, and management consultation. January 1991 - January 1992.

SENIOR RESEARCH ASSISTANT to Dr. Russell Barkley, Department of Psychiatry, University of Massachusetts Medical Center.
Managed a large federally funded NIMH grant studying Attention Deficit Disorder in adolescents, family conflicts, and their treatment. September 1998 – July 1990.

CLINICAL PSYCHOLOGY INTERN, Worcester State Hospital and University of Massachusetts Medical Center, Worcester, MA.
APA approved pre-doctoral internship. Duties included inpatient and outpatient counseling, psychological testing, working with the acutely and chronically mentally ill, and outpatient rotations in neuropsychology, behavioral medicine, and outpatient psychiatry. September 1987 – September 1988.

EMPLOYEE ASSISTANCE PROGRAM COUNSELOR, Massachusetts Employee Assistance Program, Fitchburg, MA. Assessment and counseling for Massachusetts State employees. February 1988 – August 1989.

EMPLOYEE ASSISTANCE PROGRAM CONSULTANT, Puzzo Associates, Waterbury, CT.
Performed counseling, training, assessment, and program evaluation for Sikorsky Aircraft, Norden Defense Systems, Pratt and Whitney, and Diesel Systems divisions of United Technologies Corporation. Conducted training for local EAP contractors servicing United Technologies operating units in locations throughout the United States. February 1984 – September 1987.

EMPLOYEE SERVICES COORDINATOR, Omega Engineering, Stamford, CT.
Counseled employees and supervisors on personnel problems, employee relations and benefits, developed an employee assistance program. November 1981 – February 1984.

Clinical Psychology Clerkships and Practicums during Graduate and Undergraduate Training: Massachusetts Mental Health Center State Hospital, Butler Hospital, Fall River Center for Alcohol Problems (Detoxification Unit), Counseling Center at Florida State University. 1978 – 1981.

GRANT AWARDED

"An Examination of ADHD Symptomatology in an Adult Community Sample". Basic Research Science Grant through UMASS Medical Center to develop adult norms for the DSM-IV ADHD criteria ($10,000). 1994.

LICENSES/CERTIFICATIONS/PROFESSIONAL MEMBERSHIPS:

Licensed Psychologist and Health Service Provider, Commonwealth of Massachusetts (# 6529).
Certified Employee Assistance Professional in past (CEAP).
Certified Alcoholism Counselor in past.
Former Member of CHADD National Professional Advisory Board.

HONORS AND AWARDS

Inducted into the ADHD Hall of Fame, Annual National Meeting of CHADD (Children and Adults with Attention Deficit Hyperactivity Disorder). October 2001.

University of Connecticut – Nominated to the Phi Delta Kappa Honor Society.
Boston College – Academic Scholarship.

Nominated to the Cross and Crown Honor Society of Boston College.
Somerset Teacher's Association Scholarship.
Lion's Club Scholarship.

UNIVERSITY COMMITTEES

Academic Accommodations Committee for UMASS Medical School, 1997 – 2003.
Medical School Admissions Committee Interviewer, 1999 – 2003.
Compensation Committee, 1995 – 1996.

TEACHING EXPERIENCE

Assumption College Graduate School of Counseling Psychology. Taught "Psychological Measurement" and "Special Topics Seminar on Assessment and Treatment of Adult ADHD", 2002 – 2005.

Supervisor of several psychology interns and psychiatry residents in the Department of Psychiatry at UMMC on Adult ADHD assessment and treatment. 1994 - 2003

Teacher for Dr. Sheldon Benjamin's Biological Psychiatry Seminar on assessment of Adult ADHD. 1999 – 2008.

Presenter for Law and Psychiatry Seminar Series at UMMC on ADHD as it relates to the Americans with Disabilities Act. 1999.

Presented two Grand Rounds presentations for the Department of Psychiatry at UMMC. 1993 and 2000.

Teacher for Office of Medical Education ADHD/Learning Disabilities Seminar on accommodations/eligibility issues for residents and medical students, Hoagland Pinkus Conference Center. 2000.

Taught psychiatry residents a seminar on Social Phobia. 2001.

Invited to teach a week-long seminar on assessment and treatment of Adult ADHD for the United States Army mental health professionals in Willingen, Germany. 1996.

Supervisor of Doctoral Dissertation of Anne Marie Samar at UMass Medical Center. 2000.

Teacher/Consultant to University of Massachusetts Undergraduate Counseling Center on issues related to ADHD and Academic Accommodations. Have provided two on site training workshops and provide ongoing telephone consultation to counseling center psychiatrist and other service personnel. 1993 – 2005.

Presenter for the Division of Forensic Mental Health on ADHD and legal issues. 1994.

Invited speaker to teach on Attention Deficit Disorders in Adults and Adolescents at the Menninger Clinic in Topeka, KS. 1994.

Individualized training and supervision of psychiatry resident Craig Surman for his adult ADHD elective. 1999.

Teacher for the Clinical Training series for Western Massachusetts Department of Mental Health. 1994 – 1995.

Panel member on a live national teleconference entitled "Emerging Disabilities on Campus: What You Need to Know." 2000.

Taught two ADHD seminars and one case conference For Dr. Ken Appelbaum's Forensic Program at Bridgewater Correctional Facility. 1999.

Occasional lectures to Psychiatry residents on ADHD. 1992 – 2006.

Teaching Assistant in Undergraduate and Graduate School. 1979 – 1981.

SCIENTIFIC CONTRIBUTIONS

Clinical Consultant on a multi-site grant entitled "Longitudinal Outcomes of College Students with ADHD", 2012-2016.

Associate Editor of the ADHD Report. 1993 – 2019 (New York, Guilford Publications).

Clinical Commentary Editor, Journal of Attention Disorders, 2005 – 2014.

Consulting reference and book reviewer for Journal of Attention Disorders. 2000 – 2014.

Consultant on "Project Access", a grant from The United States Department of Education aimed at reducing barriers to successful completion of postsecondary education for students with disabilities. 1997-1999.

PUBLICATIONS

Books

Barkley, R.A., Murphy, K.R., & Fischer, M. (2008), ADHD in Adults: What the Science Says. New York: The Guilford Press.

Barkley, R. A. & Murphy, K. R. (2006). Attention Deficit Hyperactivity Disorder: A Clinical Workbook (3rd ed.). New York: Guilford Press.

Barkley, R.A. & Murphy, K.R., (1998). Attention Deficit Hyperactivity Disorder: A clinical workbook (Second edition). New York: Guilford. A Spanish and Japanese translation has also been published with assistance of Jose J. Bauermeister, Ph.D. and associates.

Murphy, Kevin R., & Levert, Suzanne. "Out of the Fog: Treatment Options and Coping Strategies for Adult Attention Deficit Disorder". Hyperion, 1995.

Book Chapters

Appelbaum, K. & Murphy, K. R., (2015). Attention Deficit Disorders. Chapter in The Textbook of Correctional Psychiatry, edited by Robert L. Trestman, Kenneth L. Appelbaum, and Jeffrey L. Metzner, 200-204, Oxford University Press.

Murphy, K. R., (2015). Psychological Counseling of Adults with ADHD. Chapter in Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment, Fourth Edition, edited by Russell A. Barkley, New York: Guilford Press,741-756.

Murphy, K.R., & Gordon, M. (2006). Assessment of Adults with ADHD. Chapter in Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment, Third Edition, edited by Russell A. Barkley, New York: Guilford Press, 425-450.

Murphy, K. R., (2006). Psychological counseling of adults with ADHD. Chapter in Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment, Third Edition, edited by Russell A. Barkley, New York: Guilford Press, 692-703.

Murphy, K., (2002). Clinical case studies. In S. Goldstein and A. Teeter-Ellison (Eds.). *Clinical Interventions for Adult ADHD: A Comprehensive Approach.* New York, NY: Academic Press.

Murphy, K.R., & Gordon, M., (1998). Assessment of Adults with ADHD. Chapter in Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment, Revised Edition, edited by Russell A. Barkley, New York: Guilford Press, 345-369.

Murphy, K.R., (1998). Psychological counseling of adults with ADHD. Chapter in Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment, Revised Edition, edited by Russell A. Barkley, New York: Guilford Press, 582-591.

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"The Evaluation and Management of ADHD in Adulthood", Pre-conference Institute at the American Psychological Association annual convention, Honolulu, Hawaii, July 29, 2004.

"Demystifying Mental Health Issues in the Workplace", UNUM Provident, Worcester, MA, October 16, 2003.

"The Evaluation and Management of ADHD in Adulthood", Pre-conference Institute at the American Psychological Association annual convention, Toronto, Canada, August 9, 2003.

"The Evaluation and Management of Attention Deficit Hyperactivity Disorder in Adulthood", Rhode Island Psychological Association, Warwick, RI, April 25, 2003.

"Diagnosing and Treating ADHD in Adults", Roundtable Presentation as Contribution to Special Supplement to The Journal of Clinical Psychiatry, Ritz-Carlton Hotel, Boston, MA, January 17, 2003.

"Succeeding in a Competitive World: Success Strategies for Adolescents and Adults with ADHD/LD", 2003 Proctor Special Education Symposium, Greensboro College, Greensboro, NC, March 3, 2003.

"Succeeding in a Competitive World: Success Strategies and Transitional Issues for Adolescents and Adults with ADHD/LD". Fletcher Forum on Learning Disabilities, Charlotte, NC, February 3, 2003.

"The Evaluation and Management of ADHD in Adulthood", Pre-conference Institute at the American Psychological Association annual convention, Chicago, Ill., August, 2002.

"Assessment and Treatment of Adult ADHD", Massachusetts Rehabilitation Commission, Hoagland-Pincus Conference Center, Shrewsbury, MA, April 2, 2002.

"Assessment and Treatment of ADHD in College Students", Holy Cross College, Office of Students with Disabilities, Worcester, MA, November 30, 2001.

"ADHD, Test Accommodations, and the American's With Disabilities Act: Myths and Realities", Visiting Scholar Invited Address at James Madison University, Harrisonburg, VA, November 12, 2001.

"ADHD in Young Adults: Assessment and Treatment Issues", Assumption College, Worcester, MA, November 9, 2001.

"Psychosocial Treatment in Bipolar Disorder", Manic Depression Disorder Association, Worcester, MA, October 1, 2001.

"Accurately Assessing ADHD and Common Co-Morbidities in High School and College Students: Implications for Diagnosticians, Educators, and Students", Keynote address at the 4th Annual Timothy B. Burnett Seminar for Academic Achievement, University of North Carolina, Chapel Hill, NC, September 25, 2001.

"ADHD, Academic Accommodations, and the ADA: Myths and Realities", University of Connecticut Post-Secondary Learning Disability Training Institute, Portland, ME, June 5 – 8, 2001.

"ADHD: Transition to College, Passport for Success", UMass Medical Center, Worcester, MA, May 19, 2001.

"Assessment, Differential Diagnosis, and Treatment of Adult ADHD", Brattleboro Retreat, Brattleboro, VT, May 4, 2001.

"Assessment, Treatment, and Advocacy for Adults with ADHD", University of Alabama, Tuscaloosa, AL, April 27, 2001.

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"Adult ADHD: Current Issues in Assessment", Baystate Medical Center Grand Rounds presentation, Springfield, MA. October 11, 2000.

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"Differentiating ADHD from Bipolar Disorder, OCD, and Substance Dependence via Case Presentations," Education and Training Programs, East Hartford, CT. April 14, 2000.

"ADHD and Test Accommodations on the USMLE", Northeast Regional Conference of Medical School Administrators, Baltimore, MD. March 30, 2000.

"Assessment and Treatment of Adult ADHD", University of North Carolina at Greensboro Third Annual Conference on ADHD; Strategies for Identification and Treatment Across the Life Span. Greensboro, NC, March 20, 2000.

"Emerging Disabilities on Campus: What You Need to Know". National Teleconference panel member, University of Vermont, Burlington, VT. March 13, 2000.

"Assessment and Treatment of Adult ADHD". Grand Rounds for University of Maine Medical Center, Portland, ME, March 1, 2000.

"Assessment and Treatment of ADHD in Adults". Education and Training Programs, East Hartford, CT. November 19, 1999.

"Case Conference". Bridgewater State Hospital Corrections Facility, Bridgewater, MA. November 16, 1999.

"Case Studies of Adults with ADHD". Bridgewater State Hospital Corrections Facility, Bridgewater, MA. October 26, 1999.

"Accomodations in Higher Education under The ADA". Panel presentation at CH.A.D.D. Annual Convention, Washington, D.C. October 8, 1999.

"Identification of ADHD and Classroom Interventions". Navajo Reservation Leupp Elementary School, Navajo Nation, AZ. July 27, 1999.

"Comorbidity of ADHD and Substance Abuse". Education and Training Programs, East Hartford, CT. July 22, 1999.

"Treatment of Adult ADHD in the Prison Population". Bridgewater State Hospital Corrections Facility, Bridgewater, MA. July 20, 1999.

"Assessment of Adult ADHD in the Prison Population". Bridgewater State Hospital Corrections Facility, Bridgewater, MA. May 11, 1999.

"Assessment and Differential Diagnosis of Adult ADHD". Education Associates Inc., Myrtle Beach, SC. April 23, 1999.

"Contemporary Issues in Adult ADHD". CH.A.D.D. Meeting, Baystate Medical Center, Springfield, MA. April 20, 1999.

"ADHD and Test Accommodations on the Bar Exam". National Conference of Bar Examiners, Norfolk, VA. April 16, 1999.

"Adults with ADHD". University of North Carolina at Greensboro Second Annual Conference on ADHD: Strategies for Identification and Treatment Across the Life Span, Greensboro, NC. February 22, 1999.

"Assessment and Treatment of Adult ADHD". Maine Psychological Association, Portland, ME. November 20, 1998.

"Assessment and Treatment of ADHD in Adults". Preconference Institute for CH.A.D.D.'s Annual Convention, New York, NY. October 15, 1998.

"Americans with Disabilities Act-The Basics and Beyond". Counsel on Licensure, Enforcement and Regulation Annual Conference, Denver, CO. September 17-19, 1998.

"Empirically Validating Assessment and Service Delivery for ADHD in College Students". Annual convention of the American Psychological Association, San Francisco, CA. August, 1998.

"Assessment, Differential Diagnosis, and Treatment of Adult ADHD". Education and Training Programs, Inc., East Hartford, CT. May 1, 1998.

"Treatment of Adult ADHD". Women's Wellness Seminar, St. Vincent's Hospital, Worcester, MA. April 15, 1998.

"Motor Vehicle Driving Risks and ADHD". Attention Deficit Disorder Association's Annual Conference, Washington, DC. March 27, 1998.

"Assessment and Psychosocial Approaches to the Treatment of Adults with ADHD". CH.A.D.D. Eighth Annual International Conference, Chicago, IL. November 14, 1996.

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"Assessment and Treatment of Adult Attention Deficit Disorder". Ohio Psychological Association Fall 1996 Convention, Columbus, OH. November 7, 1996.

"ADHD in Adults: Assessment and Treatment". Oklahoma Department of Mental Health and Substance Abuse Services. Oklahoma City, OK. July 12, 1996.

"Treatment Issues in Adult ADHD". Grand Rounds presentation at Norwood Hospital, Norwood, MA. May 21, 1996.

"Assessment and Treatment of ADHD in Adults". Atlantic Counseling and Consultation Inc., Dedham, MA. May 10, 1996.

"Preliminary Data on the Driving Behavior of Young Adults with ADHD". Second Annual National ADDA Adult ADD Conference, Pittsburgh, PA. May 3, 1996.

"Adult ADHD": Current Approaches to Diagnosis and Management", Group Health Cooperative of Puget Sound, Seattle, WA. April 12, 1996.

"Identification and Treatment of ADHD in Adolescence". Special Conference on Learning Disabilities in Adolescence, San Juan, Puerto Rico. March 29, 1996.

"Assessment and Coping Strategies for Adults with ADHD". Jewish Social Service Agency of Metropolitan Washington. March 21, 1996.

"ADHD: Fad or Reality?" Grand Rounds presentation, Baystate Medical Center, Springfield, MA, January 11, 1996.

"Assessment and Treatment of ADHD in College Students". University of Massachusetts Boston. November 17, 1995.

"Current Issues in Adult ADHD". Grand Rounds presentation at Norwood Hospital, Norwood, MA. November 21, 1995.

"The Nature of Adult ADHD: Clinical Assessment and Differential Diagnosis". Presented at CH.A.D.D. Seventh Annual Conference, Washington, DC. November 9, 1995.

"Driving Behavior of Adults with ADHD: Preliminary Data". CH.A.D.D. Seventh Annual Conference, Washington, DC. November 10, 1995.

"Clinical Assessment and Psychosocial Treatment of Adult ADHD". Atlantic Counseling Services, Randolph, MA. May 19, 1995.

"Assessment, Diagnosis, and Cognitive Strategies for College Students with ADHD". Presented at first annual Learning Disabilities Conference at University of Massachusetts, Lowell, MA. April 7, 1995.

"Treatment Issues in Adult ADHD". Continuing education workshop for Primary and Family Care Physicians at Burbank Hospital, Fitchburg, MA. April 6, 1995.

"Current Issues in Adult ADHD". Presented at CH.A.D.D. meeting of Pioneer Valley, Springfield, MA. March 21, 1995.

"Identification of ADHD in Adults". Continuing education workshop for Primary and Family Care Physicians at Burbank Hospital, Fitchburg, MA. March 9, 1995.
"Adult ADHD: Assessment and Treatment". Grand Rounds presentation at Marlborough Hospital, Marlboro, MA. January 18, 1995.

"Clinical Management and Treatment of Adults With ADHD". Grand Rounds presentation at St. Vincent's Hospital, Worcester, MA. December 6, 1994.

"Teaching Clinicians How to Help ADHD Adults Cope: Skill Building Techniques and Instilling Hope". Presented at Cambridge Hospital's ADHD Conference, Boston, MA. December 3, 1994.

"ADHD In Adults". Presented at Bedford CH.A.D.D. meeting, Bedford, MA. October 19, 1994.

"Psychosocial Treatment of Adults with ADHD". Presented at CH.A.D.D. National Convention, New York, NY. October 13, 1994.

"Assessment, Treatment, and Differential Diagnosis of ADHD In Adults". Presented For Army Psychologists/Psychiatrists, Fort Sam Houston, San Antonio, TX. August 3, 1994.

"Assessment and Treatment of Adult ADHD". Grand Rounds presentation at Syracuse University, Syracuse, NY. June 8, 1994.

"ADHD in Adolescents and Adults". Presented at CH.A.D.D. of Windham County Meeting, Storrs, CT. May 3, 1994.

"Adult ADHD: Issues for College Students". Presented at Clark University, Worcester, MA. April 27, 1994.

"Assessment and Diagnosis of Adult ADHD". Presented at Menninger Clinic Continuing Education Conference, Topeka, KS. April 22, 1994.

"ADHD in Adults". Presented at CH.A.D.D. of Greenfield Meeting, Greenfield, MA. April 13, 1994.

"Differential Diagnosis of Disruptive Behavioral Disorders in Adolescence". Presented at Law and Psychiatry Program on Court-Ordered Assessments of Adolescents' Clinical Needs, Worcester, MA. March 24, 1994.

"ADHD in Adolescence and Adults". Presented at CH.A.D.D. of East Aurora Conference, Buffalo, NY. March 18, 1994.

"Social Conversation Skills of ADHD, ADHD/ODD, and Normal Adolescents". Presented at Association for Advancement of Behavior Therapy Annual Convention, Atlanta, GA. November 21, 1993.

"Assessment and Treatment Issues for ADHD Adults". Presented at the Center for Children and Youth, Westfield, MA. November 19, 1993.

"Assessment, Diagnosis, and Treatment of Adult ADHD". Grand Rounds presentation at Wing Memorial Hospital, Palmer, MA. November 3, 1993.

"Assessment and Diagnosis of Adult ADHD". Presented at Canadian Academy of Child Psychiatry Symposium, Banff, Canada. October 4, 1993.

"Overview of Adult ADHD and Treatment Issues". Presented at CH.A.D.D. of

Pioneer Valley Meeting, Springfield, MA. June 15, 1993.

"Assessment and Treatment of Adult ADHD". Presented to University Health and Counseling Center Staff of the University of Massachusetts, Amherst, MA. May 26, 1993.

"Taking Care of the Caregiver" and Chaired a Panel of ADHD Adults. Presented at AD-IN's annual conference held at Bentley College, Waltham, MA. May 22, 1993.

"Assessment of Adult ADHD" and "Treatment of Adult ADHD". Presented at CH.A.D.D. conference held at Brockton High School, Brockton, MA. May 1, 1993.

"Assessment of Adult ADHD and DSM-IV Criteria: Implications for School Psychologists". Presented at the National Association of School Psychologists Annual Conference, Washington, DC. April 16, 1993.

"The Nature and Assessment of Adult ADHD" and "Clinical Management and Treatment Considerations in Adult ADHD". Keynote presentations at Attention Disorders Conference held at the Institute of Living, Hartford, CT. April 2, 1993.

"Behavioral Issues, Assessment and Management of ADHD Patients". Presented at Saint Vincent's Hospital, Worcester, MA. November, 1992.

"Assessment and Treatment of ADHD Adults". Presented at CH.A.D.D.'s Fourth Annual Conference on Attention Deficit Disorders, Chicago, IL. October, 1992.

"Attention Deficit Hyperactivity Disorder in Adults". Presented at Wayne State University School of Medicine, Detroit, MI. February, 1992.

"Biological Parents of ADHD Children: Degree of Attention Deficits Relative to the Biological Parents of Normal Children." Presented at the American Psychological Association Annual Convention, Boston, MA. August, 1990.

"The Effects of Employee Assistance Program Intervention on the Job Performance of a Sample of Substance Abusers." Presented at United Technologies Annual EAP Meeting, Orlando, FL. October, 1986.

"Evaluation Study of Treatment Outcomes and Job Performance Outcomes of a Sample of Substance Abusers." Presented at United Technologies Annual EAP Meeting, Boston, MA. November, 1985.

I have presented more than 100 invited lectures, grand rounds, seminars, and full day workshops to various professional groups throughout North America. The topics have included assessment and treatment of Attention Deficit Hyperactivity Disorder, academic and workplace accommodations, and the Americans with Disabilities Act. I have appeared on several local and regional radio shows and appeared on Good Morning America in June of 1994. I have also appeared in two of Dr. Russell Barkley's educational video tapes on ADHD and a video entitled "Accommodating Invisible Disabilities: An Expert Briefing". I have assisted the following magazines and newspapers with stories on ADHD: Newsweek, The Wall Street Journal, The New York Times, The Boston Globe, The Worcester Telegram, Men's Health, Reader's Digest, Dr. Phil's Newsletter, and Entrepreneur.